EXHIBIT C

Case 06-10725-0W	Doc 8346-3	tered:05/09/11.15:2	3:50 Pag	e 2 of 11
-	PRO	OF OF CLAIM	Page 1 op	9 - 0
Name of Debtor	Case Nu	mber [.]		
NOTE See Reverse for List of Debtors and Case This form should not be used to make a claim for a ansing after the commencement of the case A "re administrative expense may be filed pursuant to 11	n administrative expense quest" for payment of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address Michael Donahue 1795 NEWHALL AVE CAMBRIA CA 93428-5507	11321241000246	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address		IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BTORS
Creditor Telephone Number ()		differs from the address on the envelope sent to you by the court	Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY
Last four digits of account or other number by which	h creditor identifies debtor	Check here replace of this claim amen	a previously	filed claim dated?
1 BASIS FOR CLAIM ☐ Goods sold ☐ Personal injury/v ☐ Services performed ☐ Taxes ☐ Money loaned ☐ Other (describe	wrongful death Wages, s	penefits as defined in 11 U S salaries and compensation (i digits of your SS #	fill out below)	Unremitted principal Other claims against servicer (not for loan balances)
				(date) (date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O		- American Blad
4 CLASSIFICATION OF CLAIM Check the appropriate See reverse side for important explanations	pnate box or boxes that best descr	•	unt of the claim at ti	ne time case nied
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM Check this box if w	our claim is secur	red by collateral (including
Check this box if a) there is no collateral or lien sec exceeds the value of the property securing it or if c) entitled to priority	nung your claim or b) your claim is none or only part of your claim is	a right of setoff) Brief description of		ed by contains an including
UNSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim, all c entitled to priority	or part of which is	Value of Collateral	\$ 250	0,000
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim, if any		at time case filed included in 2F12500 / MONTH
Domestic support obligations under 11 U S C § 507	——————————————————————————————————————	Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* of before filing of the bankruptcy petition or cessation of business whichever is earlier - 11 U S C § 507(a)(of the debtor's	services for personal family of Taxes or penalties owed to go	vernmental units - 1	11 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11 U S	C § 507(a)(5)	Other - Specify applicable para * Amounts are subject to adjus- with respect to cases commen	stment on 4/1/07 an	d every 3 years thereafter
A I IME CASE FILED	2500 mary 250,	secured)	(priority)	\$ (Total)
Check this box if claim includes interest or other cl	narges in addition to the principal	amount of the claim Attach itel	mized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this 7 SUPPORTING DOCUMENTS Attach copies running accounts, contracts, court judgments, r DOCUMENTS If the documents are not availa	s of supporting documents, sunortgages, security agreement	ich as promissory notes purd s, and evidence of perfection	chase orders invo	oices, itemized statements of
8 DATE-STAMPED COPY To receive an ac proof of claim			•	envelope and copy of this
The original of this completed proof of claim ACCEPTED) so that it is actually received or for each person or entity (including individu governmental units)	or before 5 00 pm, prevailin als, partnerships, corporatio	ng Pacific time, on Novemberns, joint ventures, trusts an	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group	BMC Gro	· ·	(
Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911	1330 Eas	CM Claims Docketing Center t Franklin Avenue do CA 90245	r	
DATE SIGN and print/the name	ne and title, if any, of the creditor or	r other person authorized to file		
924 06 this Claim (attach	copy of power of attorney if any)	1.01-1111	nahue Creditor	

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor	Case Nu	ımher		
USA COMMERCIAL MORTGAGE COMPANY	1	10725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address Eleanor L. Rogers 1991 Revocable dated 13. Glo Eleanor L. Rogers, TTEE 78 Seal Rock Drive San Francisco, CA 94121	Trust 91	your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or	DO NOT FILE THIS	S PROOF OF CLAIM FOR A
78 Seal Rock Drive San Francisco, CA 94121		BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	SECURED INTERE ONE OF THE DEB If you have alrea	EST IN A BORROWER THAT IS NOT
Creditor Telephone Number (4/5 564, 1932		court	THIS SPACE	IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Check here replain or if this claim amer	a previously f	filed claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	1 -	salaries and compensation (digits of your SS #	fill out below)	Other claims against service (not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT DATE C	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				e time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your children to priority		Check this box if you a right of setoff) Brief description of		ed by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim		secured claim if any	\$ <i>4,359.7</i>	18
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa services for personal family of		
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	F	Taxes or penalties owed to go Other Specify applicable par	vernmental units 1	1 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adju- with respect to cases commer	stment on 4/1/07 and	l every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 304, 359, 78 \$	304,3	359.18 \$		\$ 304,359.78
AT TIME CASE FILED (unsecured)	-	secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	ne principal	amount of the claim Attach ite	mized statement of	all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the do	<i>ıments,</i> su agreement	uch as promissory notes pure s and evidence of perfection	chase orders invo	ices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stampe	d self-addressed	envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals partnerships of governmental units) BY MALL TO	prevailing corporation	ng Pacific time on Novemb ons, joint ventures trusts at OR OVERNIGHT DELIVERY TO	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BMC G oup Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911	1330 Eas	up ACM Claims Docketing Cente it Franklin Avenue do CA 90245	' FILE	JAN 1 2 2007
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn	e ereditor of			USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonme	mer up to	5 years or both 18 U.S.C. 88	152 AND 3571	1072502223

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment or up to 5 years or both 18 U.S.C. §§ 152 AND 3571

1330 East Franklin Avenue

El Segundo CA 90245

is claim (attach copy of power of attorney if any)

SIGN and print the name and title if any of the creditor or other person authorized to file

P O Box 911

DATE

El Segundo CA 90245 0911

Case 06-10725-gwz					
	OOF OF CLAIM				
Name of Debtor (Server) 151 Case No	umber				
Name of Debtor (Server) 15T Case No USA MORTAAGE TRUST Deeds					
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense	Check box if you are				
arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503	aware that anyone else has filed a proof of claim relating				
Name of Creditor and Address	to your claim Attach copy of statement giving particulars				
THE EVO E ZEPPONI AND BILLIE D ZEPPONI	Check box if you have never received any notices				
FAMILY TRUST UNDER AGREEMENT DATED 2/9/1993 C/O EVO ZEPPONI AND BILLIE ZEPPONI TRUSTEES	from the bankruptcy court or BMC Group in this case DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT				
14385 W MORNING STAR TRL SURPRISE AZ 85374-3816	Check box if this address of the envelope sent to you by the envelope sent to you be the envelope sent to you by the envelope sent to you be t				
Creditor Telephone Number (45) 456-1506 623-546-7876	court THIS SPACE IS FOR COURT USE ONLY				
Last four digits of account or other number by which creditor identifies debtor	Check here replaces or a previously filed claim dated amends				
1 BASIS FOR CLAIM Retiree	benefits as defined in 11 U S C § 1114(a) Unremitted principal				
Goods sold Personal injury/wrongful death Wages,	salaries and compensation (fill out below)				
[Other (december 1)	r digits of your SS # 440 8 (not for loan balances)				
INTEREST FROM 3-1-06 To 4-12-06	compensation for services performed from $3-1-06$ to $4-12-06$ (date)				
2 DATE DEBT WAS INCURRED 3 IF C	OURT JUDGMENT, DATE OBTAINED				
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best described See reverse side for important explanations	nbe your claim and state the amount of the claim at the time case filed				
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM				
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral				
UNSECURED PRIORITY CLAIM	Real Estate Motor Vehicle Other				
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral \$				
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in				
Specify the priority of the claim	secured claim, if any \$3,69166				
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7)				
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)				
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Other Specify applicable paragraph of 11 U S C § 507(a) ()				
	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment				
5 TOTAL AMOUNT OF CLAIM \$ \$ 3,6	9166\$				
(unsecured)	secured) (pnonty) (Total)				
Check this box if claim includes interest or other charges in addition to the principal					
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents. such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL					
DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim.					
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and					
governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group					
Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue					
El Segundo CA 90245-0911 El Segun	do CA 90245				
DATE SIGN and print the name and title if any of the creditor of this claim (attach copy of power of attorney if any) EVO E ZERPON (USA FIRST TRUST				
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 US C §§ 152 AND 3571					

Case 06-10725-gwz Doc 8346-3 Entered 05/09/11 15:23:50 Page 6 of 11 DISTRICT OF NEVADA UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM Name of Debtor Case Number USA Commercial Mortgage Company 06-10725 (LBR) NOTE See Reverse for List of Debtors and Case Numbers Check box if you are This form should not be used to make a claim for an administrative expense arising after the commencement of the case A 'request" for payment of an aware that anyone else has filed a proof of claim relating to administrative expense may be filed pursuant to 11 USC § 503 your claim Attach copy of Name of Creditor and Address statement giving particulars Fertitta Enterprises, Inc Check box if you have William J Bullard never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A 2960 W Sahara Avenue, Suite 200 BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT Las Vegas, NV 89102 ONE OF THE DEBTORS Check box if this address If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the court THIS SPACE IS FOR COURT USE ONLY Creditor Telephone Number (702 221-4715 Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated Client ID# 3970 or amends if this claim 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Other claims against servicer Wages salaries and compensation (fill out below) (not for loan balances) Services performed Last four digits of your SS # Money loaned Other (describe briefly) Unpaid compensation for services performed from _ to _ (date) (date) 2 DATE DEBT WAS INCURRED Various 3 IF COURT JUDGMENT, DATE OBTAINED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM UNSECURED NONPRIORITY CLAIM \$ 12,214,670 Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority. See attached "Reasons" Brief description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Other Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim if any \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(7) Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) Other Specify applicable paragraph of 11 U S C § 507(a) (____) Contributions to an employee benefit plan 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM 12,214,670 \$ 12,214,670 AT TIME CASE FILED (priority) (unsecured) (secured) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous, attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and JAN 12 2007 governmental units) BY HAND OR OVERNIGHT DELIVERY TO BMC Group BY MAIL TO BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo CA 90245 DATE SIGN and print the name and title if any of the creditor or other person authorized to file this clams (attach copy of power of attorney if any) -10-07 SECRETARY

Case 06-10725-0447 = 100c 83/6	-3-aÆn	torad 05/09/11 15:	23 : 50 Pag	aa.7 ∩f 11
Case 06-10725-IDPC 8846	PRO	OF OF CLAIM	1 188388 11181	AM IS SCHEDULED AS:
Name of Debtor:	Case Number:		Schedule/Claim II	O s31478
USA Commercial Mortgage Company	06-10725-LBR		Amount/Classifica \$10,033.44 Unsec	
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exarising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.		
Name of Creditor and Address:				statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the
Creditor Telephone Number () 530-563-285	36	court.		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies ACCT. 10 3398 CLIENT 10 4	debtor:	Check here repla	ces a previously	filed claim dated: 2/29/06
1. BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U.S	.C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries, and compensation digits of your SS #:	(fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		compensation for services pe	erformed from:	to (date) (date)
2. DATE DEBT WAS INCURRED: 4/13/06	3. IF C	OURT JUDGMENT, DATE (OBTAINED:	(1110)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that	best describ	e your claim and state the amou	nt of the claim at the	time case filed.
See reverse side for important explanations.		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or b) y exceeds the value of the property securing it, or if c) none or only part of you entitled to priority.		a right of setoff).		red by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of	_	П
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Real Estate Value of Collateral	: \$ 50 c	6,677.07
Amount entitled to priority \$ Specify the priority of the claim:		Amount of arrearage a secured claim, if any:	nd other charges \$	at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits toward services for personal, family, of		
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go		
business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ().		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adjust with respect to cases commen		
5. TOTAL AMOUNT OF CLAIM \$ \$	559	1778,99 \$		\$ 553,778.99
AT TIME CASE FILED: (unsecured) Check this box if claim includes interest or other charges in addition to the charges in additional to the charges in additiona		secured) amount of the claim. Attach ite	(priority) emized statement o	(Total) of all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been cre	dited and o	deducted for the purpose of	making this proof	of claim.
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting doction</u> running accounts, contracts, court judgments, mortgages, security DOCUMENTS. If the documents are not available, explain. If the	agreement	ts, and evidence of perfectio	n of lien. DO NO	oices, itemized statements of DT SEND ORIGINAL
DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.		•	•	d envelope and copy of this
The original of this completed proof of claim form must be ser ACCEPTED).	nt by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT USE ONLY
BY MAIL TO:		OR OVERNIGHT DELIVERY TO):	
BMC Group Attn: USACM Claims Docketing Center Attn: USACM Claims Docketing Center				
P. O. Box 911 1330 East Franklin Avenue El Segundo, CA 90245-0911 El Segundo, CA 90245				
DATE SIGN and print the name and title, if any, of the this claim (attach copyof power of attorn	e creditor or ney, if any)			
3/30/01	The same of the sa	TRUSTE.	~	

Name of Debtor USA Commercial Mortgage Company Solid Properties Clase Number Solid Properties So	Case 06-10725-gwz						
Case Number	UNITED STATES BANKRUPTCY COURT, DISTRICT OF NEVADA						
USA Commercial Mortgage Company 06-10725-LBR 132 (See Feveres for Last of Debtors and Case Numbers The from should not be used to make a claim for an administration appearance in the should not be used to make a claim for an administration appearance in the should not be used to make a claim for an administration and administration appearance in the should not be used to make a claim for an administration and administration a		Case Nu	mber	Schedule/Claim ID s31	484		
NOTE Set Pervers for List of Dibtors and Clash Number: The Corm should not be used to make a claim for an administrative experies among after the case. At request for popular of a administrative experse may be fled pursuant to 11 U.S.C. § 503 Name of Creditor and Address 11321240002585 FREDOM PROPERTIES INC 124 1 U.S.C. § 503 Name of Creditor and Address 11321240002585 FREDOM PROPERTIES INC 124 1 U.S.C. § 503 Name of Creditor and Address 11321240002585 FREDOM PROPERTIES INC 124 1 U.S.C. § 503 Name of Creditor and Address 11321240002585 FREDOM PROPERTIES INC 124 1 U.S.C. § 503 Name of Creditor and Address 11321240002585 FREDOM PROPERTIES INC 124 1 U.S.C. § 503 Name of Creditor and Address 11321240002585 FREDOM PROPERTIES INC 124 1 U.S.C. § 503 Name of Creditor and Address 11321240002585 FREDOM PROPERTIES INC 124 1 U.S.C. § 503 Name of Creditor and Address 124 1 U.S.C. § 503 Name		06-107	25.1 RD	Amount/Classification			
The born should not be used to make a claim for an administrative expense any after the commencement of the case A Frequent for payment of an administrative expense may be filed partially to 11 U.S.C.§ 500. Name of Creditor and Address at the control of the co	USA Commercial Mortgage Company	00-107	23-LBR	\$12 951 80 Unsecured			
Name of Creditor and Address FREEDOM PROPERTIES INC 1830 STAR PINE CT RENO, INV 69523 4:807 RENO, INV 69523 4:807 RENO	This form should not be used to make a claim for an administrative ex arising after the commencement of the case. A request, for payment		aware that anyone else has filed a proof of claim relating	•			
Last four digits of account or other number by which creditor identifies debtor Check here replaces of this claim amends of the claim amends of the claim amends of the claim amends of the claim of the clai	FREEDOM PROPERTIES INC 1820 STAR PINE CT RENO, NV 89523 4807	002585	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	you agree with the amounts other claim against the Deb this proof of claim EXCEPT If the amounts shown aboundated or Disputed, filed If you have already filed Bankruptcy Court or BMC	set forth herein and have no tor you do not need to file as stated below we are listed as Contingent, a proof of claim must be a proof of claim with the you do not need to file again		
BASIS FOR CLAIM		dobtor			ON COUNT USE ONE!		
Goods sold	3312	debioi	if this claim	a previously filed cl	aım dated		
Services performed	i	Retiree b	enefits as defined in 11 U S	C § 1114(a) 🔲 U	nremitted principal		
Last four ogies of your Ss Londing the open services performed from to (date)		Wages	salaries and compensation (fill out below)	her claims against servicei		
2 DATE DEBT WAS INCURRIED CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describes your claim and state the amount of the claim at the time case filled See reverse side for important explanations UNSECURED NONPRIGHTY CLAIM Check this box if a) there is no collateral or ten securing your claim or b) your claim is exceeded the value of the propry resouring it or if c) none or only part of your claim is exceeded the value of the propry resouring it or if c) none or only part of your claim is exceeded by DPINORTY CLAIM Check this box if your claim is secured by collateral (including a register of the claim and the propry of the claim is exceeded the value of the propry resouring it or if c) none or only part of your claim is exceeded by DPINORTY CLAIM Check this box if your claim is secured by collateral (including a register of the propry of secure of collateral including a register of the claim of the	1 = 2	Last four	digits of your SS #		not for loan balances)		
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Penalty for presenting fraudulent claim is a fine of up to \$500.000 or imprisonment for up to 5 years or both 18 U.S.C. 68 152 AND 3571	this cloud (ottook don't of neuron of attenness of any)						
	Penalty for presenting fraudulent claim is a fine of up to \$500.000 pm. imprisonmen	t for up to 5 s	vears or both 18USC 8815	2 AND 3571			

FORM B10 (Official Form 10) (10/05)

UNITED STATES	BANKRUPICY COURT	Dis	TRICT (아 <u>Nevada</u>	3	PROOF OF CLAIM
Name of Debtor	Name of Dubtor USA Commercial Mortgage Company Case Number 06-10725-LBR			THOO! OF CLAIM		
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the cise. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503]
debtor owes money and w surviv Name and address Eric B Freedus 5008 Nighthaw	k Way	giving particulars Check box it you have never received any notices from the bankruptcy court in this case				
Oceanside CA Telephone number	92056 760-726-9919	addr			liffers from the ent to you by	THIS SPACE IS FOR COURT USE ONLY
	account or other number by which creditor	Che	ck here is claim	replaces amends	a previously fil	ed claim dated
✓ Money				ages salarie ast four digit npaid compo	s and compens is of your SS # ensation for serv	11 U S C § 1114(a) ation (fill out below) vices performed to (date)
	vas incurred June 2005	3	If cou	rt judgment	, date obtained	I
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Unsecured Nonpriority Claim \$ 304,419 Check this box if a) there is no collateral or lien securing your claim or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 USC \$ 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000),* earned within 180 days before filing of the bankruptey petition or cessation of the debtor is business whichever is earlier 11 USC \$ 507(a)(4) Taxes or penalties owed to governmental units 11 USC \$ 507(a)(5) Total Amount of Claim at Time Case Filed Secured Claim Check this box if your claim is secured by collateral (including a right of sectioff) Brief Description of Collateral Amount of arrearage and other charges at time case filed included in secured claim if any \$ 4.419 Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC \$ 507(a)(8) Taxes or penalties owed to governmental units 11 USC \$ 507(a)(8) Other - Specify applicable paragraph of 11 USC \$ 507(a)(1) Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment Total Amount of Claim at Time Case Filed Secured Claim Check this box if your claim is secured by collateral (including a right of sectioff) Brief Description of Collateral Amount of arrearage and other charges at time case filed included in secured and in a right of secured and the time case filed line are right of secured and the time case filed line are right of secured by collateral (including a right of secured) Check this box if your claim is secured by collateral (including a rig						
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. The amount of all payments on this claim has been credited and deducted for the purpose of this Species IUR COURT US ONLY.						
making this proof of claim 7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary 8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim Date Sign and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) 1/13/07 Eric B Freedus This Sign is for Court Usi Only This Sign is for Court Usi						
	L Eru B	Tre	edi	w		

PORM B10 (Official Form 10) (10/05)

UNITED STATES BA	PROOF OF CLAIM					
LICA Communication of Communication			Case Number: 06-10725LBR			
NOTE: This form shoul of the case. A "request"	d not be used to make a claim for an administ for payment of an administrative expense ma	rative e	xpense arising after the commencement ed pursuant to 11 U.S.C. § 503.			
debtor owes money or p	person or other entity to whom the roperty): dated October 8, 1999	els yo	heck box if you are aware that anyone se has filed a proof of claim relating to our claim. Attach copy of statement			
			ving particulars. heck box if you have never received any			
Name and address when c/o Scott D. Fleming, Es Hale Lane Peek Denniss 3930 Howard Hughes P. Las Vegas. Nevada 8910	sq. on and Howard arkway, 4th Floor	ca.	tices from the bankruptcy court in this se. neck box if the address differs from the dress on the envelope sent to you by e court.	FILED NOV 1 0 2006		
Telephone number: 702			-	THIS SPACE IS FOR COURT USE ONLY.		
	nt or other number by which creditor count ID 508//3420	1	k here replaces s claim a pre	eviously filed claim, dated:		
1. Basis for Claim ☐ Goods sold ☐ Retiree benefits as defined in 11 U.S.C. § 1 ☐ Services performed ☐ Wages, salaries, and compensations (fill ou ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Unpaid compensations for services perform ☐ to ☐ (date)				it below)		
2. Date debt was incu	rred: See Attachment A	3. If	court judgment, date obtained:			
See reverse side for tunsecured Nonpriority	aim. Check the appropriate box or boxes that important explanations. 7 Claim \$ 12,951.80 (see Attachment A)	-	scribe your claim and state the amount of Secured Claim Check this box if your claim is sec			
a) Check this box if: a) there is no collateral or lien securing your claim, or b) Your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. L Check this box if your claim is sec a right of setoff). Brief Description of Collateral:				area by conactal (including		
Unsecured Priority Claim Real Estate Motor Vehicle				e Other		
entitled to priority. Amoun				Value of Collateral: \$		
Amount entitled to prior	ity		secured claim, if any. 5			
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Up to \$2,225* of or services for per \$507(a)(1)(A) or \$507(a)(7).			Up to \$2,225* of deposits toward p or services for personal, family, or § 507(a)(7).	ourchase, lease, or rental of property household use — 11 U.S.C.		
Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier — 11 U.S.C. § 507(a)(4). Taxes or penalties owed to gover **Amounts are subject to adjustment with respect to cases commenced on			4/1/07 and every 3 years thereafter			
☐ Contributions to an	employee benefit plan — 11 U.S.C. § 507(a)	(5).				
5. Total Amount of Claim at Time Case Filed: \$\frac{12,951.80}{\text{(unsecured)}}\$ (secured) (priority) \[\begin{array}{cccccccccccccccccccccccccccccccccccc						
interest or additional	m includes interest or other charges in addition charges.	on to the	principal amount of the claim. Attach it	emized statement of all		
6. Credits: The amoun making this proof of	This Space is for Court Use Only					
 Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self- 						
addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the creditor or other person authorized to				MIV 1 0 2006		
November 9, 2006 file this claim (attach copy of power of attorney, if any): /s/ Scott D. Fleming, Esq.			USA CMC			

Case 06-10725-gwz FORM B10 (Official Form 10) (10/05) Doc 8346-3 Entered 05/09/11 15:23:50 Page 11 of 11 DISTRICT OF NEVADA United States Bankruptcy Court PROOF OF CLAIM Name of Debtor Case Number USA COMMERCIAL MORTGAGE CO. 06-10725 NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Check box if you are aware that anyone Name of Creditor (The person or other entity to whom the debtor owes money or property): FIRST SAVINGS BANK CUSTODIAN FOR GEORE W. HUDBARD else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. ROTH IRA Name and address where notices should be sent:

ROBERT C. LEPOME

10/20 S. EASTERN # 200 Check box if you have never received any notices from the bankruptcy court in this Check box if the address differs from the HENDERSON, NV 89052 address on the envelope sent to you by THIS SPACE IS FOR COURT USI Telephone number: (フロエ) 492 - 127/ the court. Last four digits of account or other number by which creditor Check here replaces identifies debtor: 1645 if this claim amends a previously filed claim, dated: Retiree benefits as defined in 11 U.S.C. § 1114(a) **Basis for Claim** GENERAL UNSECURED | Wages, salaries, and compensation (fill out below) **C** Goods sold Chaim-CLASS L Last four digits of your SS #: Services performed Unpaid compensation for services performed Money loaned П Personal injury/wrongful death (date) (date) NEGLICENCE & FRAUD Date debt was incurred: JAN 1,2005 3. If court judgment, date obtained: APRIL 12, 2006 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations. Secured Claim Unsecured Nonpriority Claim \$ 156,125 Check this box if your claim is secured by collateral (including Check this box if: a) there is no collateral or lien securing your claim, or a right of setoff). b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Brief Description of Collateral: ☐ Real Estate ☐ Motor Vehicle Other. Unsecured Priority Claim Value of Collateral: \$_ Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ Amount entitled to priority \$ Up to \$2,225* of deposits toward purchase, lease, or rental of property Specify the priority of the claim: or services for personal, family, or household use - 11 U.S.C ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or § 507(a)(7). (a)(1)(B) Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). ☐ Wages, salaries, or commissions (up to \$10,000),* earned within 180 Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_ days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). 56,125 156,12 S. Total Amount of Claim at Time Case Filed: (unsecuted) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of THIS SENCE IS FOR COURT USE ONLY making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the FILED JAN 0 8 2007 documents are not available, explain. If the documents are voluminous, attach a summary.

8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-

addressed envelope and copy of this proof of claim.

Sign and print the name and title, if any of the creditor or other person authorized to

file this claim editach copy of power of attorney, if any):

BAD#1980

ATTY FOR ELAIMANT

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C

USA CMC